2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# 769733

Entity Name: MUNROE REGIONAL MEDICAL CENTER, INC.

Current Principal Place of Business:

1500 SW 1ST AVENUE
P.O. BOX 6000
OCALA, FL 34478 US

New Principal Place of Business:

Current Mailing Address:

1500 SW 1ST AVENUE
P.O. BOX 6000
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-2390218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIMONS, GARY C., ESQ.
121 NW 3RD ST.
OCALA, FL 34475 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	DURIS, COLLEEN M	
Address:	500 NE 8TH AVENUE	
City-St-Zip:	OCALA, FL 34470 US	
Title:	VD	( ) Delete
Name:	JAMES, SCHNEIDER R	
Address:	P.O. BOX 279	
City-St-Zip:	OCALA, FL 34478 US	
Title:	STD	( ) Delete
Name:	RAJU, DANTE M.D.	
Address:	2840 SE 3RD COURT	
City-St-Zip:	OCALA, FL 34471 US	
Title:	PD	( ) Delete
Name:	CLARK, PAUL	
Address:	1500 SW 1ST AVENUE	
City-St-Zip:	OCALA, FL 34474 US	
Title:	D	( ) Delete
Name:	PARES, SEGISMUNDO M.D.	
Address:	2731 SE 14TH STREET	
City-St-Zip:	OCALA, FL 34471 US	
Title:	VD	( ) Delete
Name:	MUTARELLI, RICHARD D	
Address:	1500 SW 1ST AVENUE	
City-St-Zip:	OCALA, FL 34474 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD D. MUTARELLI EVP 01/13/2006

Electronic Signature of Signing Officer or Director — Date